REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

	SECRETARY OF STATE
3	RECEIVED
	JAN 3 1 2017
-,1	Secretary of State Capitol Office

Name of Candidate Michael Tel Evans	Secretary of State
Address 1147 MT, Harmony Rd. Pieston, County Kenger	Capitol Office DATE STAMP
Telephone 601-4/6- 7495 Fax	
Office Sought House Rep. Dist 45 Email Address	
Check here if above is different from previous report January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)	Mandatory
	tes, excluding judicial candidates on the November 2016 General Election ballot.
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)	Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-itemized = This Period Calendar Year-To-Date Total amount of contributions \$ 1750.00 +\$ 0 \$ 1750.00 Total amount of disbursements \$ 950.00 +\$ 2380.90 \$ 3330.00 \$ 3330.00 Total amount of cash on hand \$ 2099.40 I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seg. for statutory requirements.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee [Michael Tex Evan
Reporting period /- //	through 1231-16

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATAT Mississippi Political Action Committee	10 1 5 1 16	\$ 250.00
Mailing Address 175 E. Capitol St. Suite 700		\$
City, State, Zip Code Tucks on, MS 3920/	\square / \square / \square	\$
Name of Employer (Required) At IT		\$
Occupation (Required) ATAT	Aggregate year–to-date	\$
B. Source: Corporation A PAC Individual Loan	Date (Man Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Concost Corporation PAC	12-120 116	\$ 500.00
Mailing Address 1701 JFK Blud 49 Floor	$\square_I \square_I$	\$
City, State, Zip Code Phlade (ph-a , PA 19103	$\square_I \square_I$	\$
Name of Employer (Required) Concas t		\$
Occupation (Required)	Aggregate year–to-date	\$
Co coo.	,	
C. Source Corporation PAC Individual Loan	Doto	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power Asso, PAC		receipt
Full name Electric Power Asso, PAC Mailing Address	(Mo., Day, Year)	receipt this period
Full name Electric lower Asso, PAC Mailing Address Fig. Dex 3300 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Electric four Asso, PAC Mailing Address fig. 0 = x 3000 City, State, Zip Code Reguland MS 39157 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \[\int 00,00 \] \$
Full name Electric loval Asso, PAC Mailing Address fil Dex 3000 City, State, Zip Code Regulard MS 39157 Name of Employer (Required) Electric loval Occupation (Required)	(Mo., Day, Year)	receipt this period \$ \[\int 00,00 \] \$ \[\]
Full name Electric lova Asso, PAC Mailing Address fig. 0 x 3000 City, State, Zip Code Regulard MS 39157 Name of Employer (Required) Electric loval	(Mo., Day, Year)	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Electric found Asso, PAC Mailing Address fig. 0 + 3000 City, State, Zip Code Regulard MS 39157 Name of Employer (Required) Electric found Occupation (Required) Electric found Other (please specify) Full name	(Mo., Day, Year)	receipt this period \$ \(\sum_{0000} \) \$ \(\sum_{0000} \) \$ \(\sum_{0000} \) Amount of each receipt
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Tull name Rectice fower Asso, PAC Mailing Address Logical Mailing Address State, Zip Code Regulard Ms 39157 Name of Employer (Required) Rectice fower Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mississippi fower State PAC Mailing Address 2992 West Beach Died City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 500,00 \$ \$ Amount of each receipt this period \$ 250.00
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Page	3	_of	14	-

Name of Candidate or Committee	Michael T	el	Evans
Reporting period 1-1-16	throu	ıgh 🗌	12-31-16

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Entergy Corportion PAC	11 1 20 1 16	\$ 250.00
Mailing Address 425- Nest Capital Acene		\$
City, State, Zip Code httle Rock, AR 72201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year–to-date	\$
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Mailing Address		
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Name of Candidate or Committee	Michael Tex	Evans	
Reporting period 1-1-16	thro	ough 12-31-16	

ITEMIZED DISBURSEMENTS

Mailing Address Mailing Ad	A. Full name		
The propose of Disbursement (Optional) B. Full name Missississis Association (association Astrocate (Mo., Day, Year) Aggregate (Mo., Day, Year)	WLSM Radio	1000	Amount of each disbursement this period
Purpose of Disbursement (Optional) B. Full name Mississippi Association Conservation Astructs Mailing Address 12-121-16 S. 200,00 City, State, Zip Code Arock haven Molling Address 1000 Keaper Spriags Community Center Mailing Address 1000 Keaper Spriags Rd. City, State, Zip Code Aggregate Purpose of Disbursement (Optional) Date (Mo., Day, Vear) Aggregate Year-to-date Date (Mo., Day, Vear) Aggregate S. 200,00 City, State, Zip Code Aggregate Mailing Address 1100 Central Softboll Mailing Address 1125 Colf Coopse Rd. Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Vear) Aggregate Year-to-date S. 200,00 Aggregate S. 200,00 Aggregate S. 200,00 Aggregate S. 200,00 Aggregate Mo., Day, Vear) Amount of each disbursement this per Mailing Address 1125 Colf Coopse Rd. Purpose of Disbursement (Optional) Aggregate Year-to-date S. 200,00 Aggregate Year-to-	Walling Address	11 1 201 16	\$ 260.00
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C. Full name C. Full name Date Community Center		//	
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Mailing Address Mailing Address Mailing Add	C. Full name	Data	America of cools
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D. Full name Date Mon, Day, Year)	City, State, Zip Code Porterville, MS	//	\$
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